

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name **Patriotic Veterans**

(b) Address (number and street) check if different than previously reported
414 N Orleans Plaza
320

(c) City, State and ZIP Code
Chicago IL 60654

(d) Name of Employer or Principal Place of Business (e) Occupation

2. FEC Identification Number

C C30001978

3. Is This Statement

New
or
 Amended

4. Covering Period

MM / DD / YYYY
01 / 01 / 2016
through
MM / DD / YYYY
03 / 31 / 2016

5. (a) Date of Public Distribution(s) MM / DD / YYYY 03 / 10 / 2016 (b) Communication Title Trump Draft Deferments

6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)

(d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account? Yes No

8. Custodian of Records

(a) Name
Daniel Caprio

(b) Address (number and street)
414 N Orleans Plaza
Suite 320

(c) City, State and ZIP Code
Chicago IL 60654

(d) Name of Employer or Principal Place of Business (e) Occupation
Self-employed Consultant

9. Total Donations This Statement

_____,_____,_____.00

10. Total Disbursements/Obligations This Statement

_____,_____,25000.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Daniel Caprio

SIGNATURE Daniel Caprio [Electronically Filed] DATE 03/09/2016

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Advertising Associates			Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 09 / 2016		
Mailing Address of Payee PO Box 656			Amount 25000.00		
City	State	Zip Code	Communication Date M M / D D / Y Y Y Y Y Y 03 / 10 / 2016		
Scury	TX	75158			
Name of Employer		Occupation			
Purpose of Disbursement (Including title(s) of communication(s)) Trump Draft Deferments			Transaction ID : F93.000001		
Name of Federal Candidate		Office Sought:	House	State:	Disbursement/Obligation For:
Donald Trump			Senate	IL	2016
		<input checked="" type="checkbox"/>	President	District: _____	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
					<input type="checkbox"/> Other (specify) ▶ _____
Transaction ID : F94.000002					
Name of Federal Candidate		Office Sought:	House	State: _____	Disbursement/Obligation For:
			Senate	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General
			President		<input type="checkbox"/> Other (specify) ▶ _____
Name of Federal Candidate		Office Sought:	House	State: _____	Disbursement/Obligation For:
			Senate	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General
			President		<input type="checkbox"/> Other (specify) ▶ _____
B. Full Name (Last, First, Middle Initial) of Payee			Date of Disbursement or Obligation		
Mailing Address of Payee			M M / D D / Y Y Y Y Y Y		
City State Zip Code			Amount		
Name of Employer Occupation			Communication Date		
Purpose of Disbursement (Including title(s) of communication(s))			M M / D D / Y Y Y Y Y Y		
Name of Federal Candidate		Office Sought:	House	State: _____	Disbursement/Obligation For:
			Senate	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General
			President		<input type="checkbox"/> Other (specify) ▶ _____
Name of Federal Candidate		Office Sought:	House	State: _____	Disbursement/Obligation For:
			Senate	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General
			President		<input type="checkbox"/> Other (specify) ▶ _____
Name of Federal Candidate		Office Sought:	House	State: _____	Disbursement/Obligation For:
			Senate	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General
			President		<input type="checkbox"/> Other (specify) ▶ _____
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶			25000.00		
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)			25000.00		